(i) issues technical guidelines to all the State/UTs from time to time.

(ii) provides laboratory support for outbreak investigations and establishment of diagnosis.

(iii) conducts training courses for development of trained manpower issues CD alerts periodically.

(b) and (c) There is no requirement for an isolation ward for these diseases other than Swine Flu, for which all the States have been advised to identify hospitals and strengthen isolation facilities including critical care facilities at district level.

Establishing AIIMS-like institutions

524. DR. (SHRIMATI) NAJMA A. HEPTULLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is going to establish more All India Institute of Medical Sciences (AIIMS)-like institutions in the country;

(b) if so, work has begun on how many institutions and how much time it would take to operationalize them;

(c) whether Government has assessed the requirement of desired faculty in these institutions;

(d) if so, the details thereof and whether Government is aware that there are so many posts lying vacant in AIIMS; and

(e) if so, the reasons therefor and how much time it would take to fill them up?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes, Sir. Under Phase I of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), 6 new AIIMS-like institutions, one each at Bhopal (Madhya Pradesh), Bhubaneswar (Orissa), Jodhpur (Rajasthan), Patna (Bihar), Raipur (Chhattisgarh) and Rishikesh (Uttarakhand) are being set up. The construction of residential complex has been taken up and is likely to be completed in all sites in 2010. Tenders have also been issued in November, 2009 for the selection of contractors for the medical college(s) and hospital complexes. The work is likely to commence by February, 2010 and all the institutions will be operationalized by 2012.

In Phase II of PMSSY two more AIIMS-like institutions, one each in Uttar Pradesh and West Bengal have been approved in March, 2009.

(c) and (d) Manpower requirement for these institutions is being worked out by an Expert Committee constituted for the purpose.

In respect of AIIMS, New Delhi, a total of 190 posts of faculty at various levels are lying vacant at present.

(e) In the year 2006 and 2007, efforts were made to fill up a total number of 131 vacant faculty posts. But the selection process for the advertisement posts could not take place due to administrative reasons. The recruitment for these faculty positions will begin as soon as necessary clarification is issued by the Competent Authority.

Neo-natal mortality in India

525. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has examined the recent report of the global NGO "Save the Children" ranking India 171 out of 175 countries in public health spending;

(b) whether the survey carried out by the NGO in 14 countries, finds that India has the highest under-five mortality with 2 million children dying before their fifth birthday every year;

(c) whether even the countries like Peru, Bangladesh and Nepal fare much better than India as far as neo-natal mortality is concerned; and

(d) if so, what are Government's comments thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) According to the State of the World's Mothers Report 2008, Closing the Survival Gap, published by Save the Children, a US based Organisation, the Basic Report Card has placed India at a rank 27th with Philippines ranked highest at 1 and Ethiopia ranked lowest at 55. Peru is ranked 2 and Bangladesh and Nepal ranked 44. No specific ranking in public health spending is in this report.

The sampling techniques, the methodology of sample collection and data survey have not been shared with the Government nor has the report been presented to the Government.

Under, the umbrella of National Rural Health Mission (NRHM) the Reproductive and Child Health Programme, aims to improve access to equitable, affordable, accountable and effective primary health care, in the rural areas of the country, especially for poor women and children, with a special folcus on 18 States which have weak public health indicators and weak infrastructure. The following activities are taken up besides strengthening of District Hospitals, Community Health Centres, Primary Health Care Centres and Sub-centres to provide basic maternal and child health care.

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Insitutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women.
- Selection, of an Accredited Social Health Activist (ASHA) for every village to facilitate accessing of health care services by the community including pregnant women.